

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90123 005 ***150.00

DOCUMENT # P01000086311

1. Entity Name
CHOREWIZARD, INC.



Principal Place of Business
**1091 COOPER DRIVE
NAPLES FL 341-3**

Mailing Address
**1091 COOPER DRIVE
NAPLES FL 341-3**

B0132145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3744861

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ISENBERG, KRISTINA L**
STREET ADDRESS **1091 COOPER DRIVE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ISENBERG, JOSHUA P**
STREET ADDRESS **1091 COOPER DRIVE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment
B0132145

July 22, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

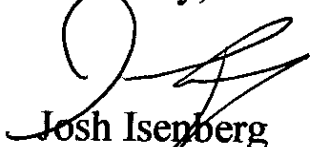
Regarding: Document #P01000086311 / Chorewizard, Inc.

To Whom It May Concern:

Apparently I did not receive this the first time it was sent to me and at this point I understand this is late. Being that this is our first year in business I was not on the lookout for this required report. This will not happen again. Enclosed is the required \$150.00 filing fee.

Thank you for your consideration in this matter,

Sincerely,


Josh Isenberg
Vice President